

Docket No.: E7900.2041/P2041
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Uwe Schnitzler

Application No.: 10/595,682

Confirmation No.: 4667

Filed: May 4, 2006

Group Art Unit: n/a

For: INSTRUMENT FOR PLASMA
COAGULATION

Examiner: n/a

**SUBMISSION OF REVOCATION OF PRIOR POWER OF ATTORNEY AND
APPOINTMENT OF NEW ATTORNEY AND STATEMENT UNDER 37 CFR 3.73(b)**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a Revocation of Prior Power of Attorney and Appointment of New Attorney and Statement Under 37 CFR 3.73(b) in relation to the above-captioned matter. In addition, please change the Attorney Docket Number for all correspondence associated with this patent application to Attorney Docket Number E7900.2041/P2041.

Dated: October 11, 2007

Respectfully submitted,

By 
Gianni Minutoli
Registration No.: 41,198
DICKSTEIN SHAPIRO LLP
1825 Eye Street, NW
Washington, DC 20006-5403
(202) 420-2200
Attorney for Applicant

**REVOCATION OF
PRIOR POWER OF ATTORNEY
AND APPOINTMENT OF
NEW ATTORNEY**

Application Number	10/595,682
Filing Date	May 4, 2006
First Named Inventor	Uwe Schnitzler
Title	INSTRUMENT FOR PLASMA COAGULATION
Group Art Unit	n/a
Examiner Name	n/a
Attorney Docket No.	E7900.2041/P2041

I hereby revoke all powers of attorney previously granted and hereby appoint:

Practitioners at Customer Number

24998

Customer Number



Customer Number Bar Code

OR

Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

Practitioners at Customer Number

24998

Customer Number



Customer Number Bar Code

OR

Firm or Individual Name **Gianni Minutoli**
DICKSTEIN SHAPIRO LLP

Address **1825 Eye Street, NW**

City **Washington** State **DC** Zip **20006-5403**

Country **US** Telephone **(202) 420-2200** Fax **(202) 420-2201**

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name **Christian Erbe**

Signature 

Date **09/27/07**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below*.

*Total of **1** forms are submitted.